



This report is required by law (30 C.F.R. 41). Failure to report an result in assessment of a civil penalty. Knowingly making a false statement an result in criminal prosecution under § 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed, where indicated by arrow, to be valid. Type or print in ink only.

Note: If more space is required in any section below, use a separate sheet.

Form Approved: OMB Number 1219-0008: Approval Expires September 30, 1998.

5 CFR 1320.21- Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N-W.; Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.

0 Initial Notice	0 Update Notice	Effective Date of Changes		
1. Federal Mine Identification Number (New ID required for new operation only.)	2. Mine Name (to be used for all update notices)	3. Directions to the Mine (mileage direction from nearest town, city, and landmark)		
4. Mine Location Address	5. City	6. County	7. State	8. Zip Code
9. Official Business Name of Operator	10. Telephone Number in Event of an Emergency	11. Commodity (type of product & operation-surface, underground or facility)		

Person at Mine in Charge of Health and Safety (Superintendent or Principal Officer)

12. Name and Title	13. Address
--------------------	-------------

Person with Overall Responsibility for a Health and Safety Program at All of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine. (Safety Director)

14. Name and Title	15. Address
--------------------	-------------

Federal Mine Identification Numbers of All Other Mines in which the Sole Proprietor, Partnership, Corporation or Other Organization has a 20% or Greater Ownership Interest.

16. ID Numbers

Federal Mine Identification Numbers of All Other Mines in which Any Partner, Corporate Officer, Other Organization Official or Member has a 20% or Greater Ownership Interest [not applicable to sole proprietorship].

17. ID Numbers

Address of Records and Telephone Number [Service of documents upon the operator will be completed by mailing or personal service of the documents to this address. If P.O. Box or General Delivery is used for mailing address, a separate street address for personal service must be provided.]

18. Name of Person to Receive Official Mail or Service	Title	19. Telephone Number
--	-------	----------------------

20. Street Address	21. City	22. State	23. Zip Code
--------------------	----------	-----------	--------------

20a. Mail Address	21 (a). City	22a. State	23a. Zip Code
-------------------	--------------	------------	---------------

24. Please Check the Appropriate Box and Complete the Applicable Section (check only one box)

<input type="checkbox"/> I. Sole Proprietorship	<input type="checkbox"/> II. Partnership	<input type="checkbox"/> III. Corporation	<input type="checkbox"/> IV. Other
---	--	---	------------------------------------

Section I-Sole Proprietorship

1. Trade Name of Company	2. Proprietor's Name and Address of Residence
--------------------------	---

3. Proprietor's Principal Office Address (street)	4. City	5. State	6. Zip Code
---	---------	----------	-------------

Section II- Partnership

1. Trade Name

2. Partnership Principal Office Address (street)

3. City

4. State

5. Zip Code

a. Name of Partner	b. Street Address	c. City	d. State	e. Zip Code

Section III-Corporation

1. Official Corporation Name(s)

2. State of Incorporation

3. Corporation Principal Office Address (street)

4. City

5. State

6. Zip Code

a. Names of Corporation Officers & Directors	b. Title	c. Street Address	d. City	e. State	f. Zip Code

7. Is Corporation a Subsidiary?

☐

Yes

☐

No

8. Name and Address of Parent Corporation

If yes, give name and address of parent corporation.

Section IV-Other

1. Official Business Name of Organization

2. Type of Organization

3. Principal Office Address (street)

4. City

5. State

6. Zip Code

a. Names of Principal Organization Officials or Members	b. Title	c. Street Address	d. City	e. State	f. Zip Code

g. Names of Individuals-with Ownership Interests in Organization	h. Street Address	i. City	j. State	k. Zip Code

Signature and Title of Official Completing Form

Date Form Completed